

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2024 MAY 31 PM 4:44

Natalie Williams

Write the full name of each plaintiff.

City of New York
-against-

Mayor Eric L. Adams's

Mayor Bill De Blasio

Governor Kathy Hochul

Deputy Mayor Bedford Clark

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

CV

(Include case number if one has been assigned)

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Civil Rights.

Constitutional Rights.

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, Natalie Williams, is a citizen of the State of
(Plaintiff's name)

New York

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
 _____ (Defendant's name)

 or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of _____
 the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

First Name	Middle Initial	Last Name

Street Address

County, City	State	Zip Code

Telephone Number	Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Mayer Eric L Adam's
 First Name Last Name
Mayer of New York City
 Current Job Title (or other identifying information)
Cityhall 253 Broadway
 Current Work Address (or other address where defendant may be served)
New York NY 100
 County, City State Zip Code

Defendant 2: Mayer Bill DE Blasio
 First Name Last Name
Unkinds
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 3: Governor Kathy Hochul
 First Name Last Name
Governor State of New York
 Current Job Title (or other identifying information)
 Current Work Address (or other address where defendant may be served)
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Mayor's Eric L Adam's Administration they have acknowledge that I was sexual assaulted on multiple times before in the shelter system

The Office told me that because of fraud and Corruption the City of New York place me to live in a mental institution with individuals that have all kinds diagnosis and mental disability.

The Mayor Office told me that I knew too much the City is going to come after me, And I need to leave the City asap making me afraid for my life and safety
The Mayor Office has me arrested before

In the shelter system, constantly attached
 harassment bullied threatened
 sexual assaulted jump name calling psychotic Bitch
 Crazy Bitch retarded Bitch sick bitch
 Dumb bitch bipolar bitch psychobitch bitch
 hoe Fuck hoe. Stupid bitch, mental bitch
 sick bitch. Why don't you just take your life
 and don't commit suicide just kill yourself
 and get it over with no one will miss you no
 one love you no one care cracked headed bitch

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Fallen down hold me unconscious on the
 floor. Director stripping me of my clothes
 No underwear No bra No clothes NO food NO water
 No food. Blood running down my legs Constall
 being jump beaten male staff member always pressing
 excessive long term suffering me on sex
 IV. RELIEF Post Traumatic stress depression

State briefly what money damages or other relief you want the court to order.

\$200,000,000 Two hundred Millions
 A Brand new Condo in the City.
 The City stop harassing me

Constantly being threaten to years have multiple individuals in the Shetens systems and the building apartment to cut my throat to put a knife in my throat and neck, to beat me to death until my blood runs like water to have a clip of blood gang member killed me with their guns to shoot me in my with a gun, spit on multiple times in my face.

Traumatizing me making live in fear of my and safety threatening to man up my entire face for life wanting to kill me stating me telling a leak N/CA good.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated		Plaintiff's Signature	
<u>Natalie</u>		<u>Williams</u>	
First Name	Middle Initial	Last Name	
<u>148 West 124 Street Apt 3B</u>			
Street Address			
<u>New York</u>	<u>NY</u>	<u>10027</u>	
County, City	State	Zip Code	
<u>929-600-1843</u>	<u>NatalieWilliams52@yahoo.com</u>		
Telephone Number	Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.